



CERTIFICATE OF WRITE-IN CANDIDACY
STATEWIDE, JUDICIAL AND LEGISLATIVE OFFICE
SECRETARY OF STATE
SFN 50599 (09-05)

Secretary of State
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For reference, see North Dakota Century Code, Section 16.1-12-02.2

INSTRUCTIONS

1. A person who intends to be a write-in candidate for statewide or judicial district office at any election shall file a certificate of write-in candidacy with the Secretary of State by 4:00 p.m. on the 21st day before the election. If the filing date falls on a Saturday, Sunday or holiday on which the office of the Secretary of State is closed, the certificate shall be filed on the next day following the filing date on which the Secretary of State's office is open.
2. A person who intends to be a write-in candidate for legislative office shall file a certificate of write-in candidacy with the election officer with whom the candidate would otherwise file to have the candidate's name placed on the ballot. Certificates must be filed by 4:00 p.m. on the 4th day before the election. If the filing date falls on a Saturday, Sunday or holiday on which the appropriate office is closed, the certificate shall be filed on the next day following the filing date on which the appropriate office is open.
3. The sworn certificate of write-in candidacy must contain the complete post-office address of the candidate.
4. A person required to file a certificate of write-in candidacy may not seek more than one office appearing on the primary and general election ballots.

CERTIFICATE OF WRITE-IN CANDIDACY

I, _____, being duly sworn, depose and say that I reside
candidate name
at _____, City of _____,
street or route address city
_____, _____; that I'm a(n) ☐ Republican, ☐ Democrat,
state zip code
☐ Independent, or ☐ Other write-in candidate for the office of _____
to be voted upon at the election to be held on the _____ day of _____, _____, and do hereby
month
request that a canvass and official tally be made of my vote and be entered upon the official abstract of votes for the State
of North Dakota.

Signature of candidate

VERIFICATION

State of _____)
_____) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Seal/Stamp)

Notary Public

My Commission Expires _____